



Clarifying the role of emotion dysregulation in the interpersonal-psychological theory of suicidal behavior in an undergraduate sample

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ARTICLE INFO

Article history:

Received 13 August 2010

Received in revised form

18 October 2010

Accepted 19 October 2010

Keywords:

Suicide

Emotion regulation

Interpersonal-psychological theory

ABSTRACT

The interpersonal-psychological theory of suicidal behavior (IPT; Joiner, 2005) has been subjected to a number of rigorous investigations and has shown to be a promising lens through which to understand suicide. One area thus far left unstudied with respect to the IPT is emotion dysregulation. The bulk of the work examining the role of emotion dysregulation in suicidality has focused on suicidal ideation rather than behavior, with a number of studies reporting that emotion dysregulation is predictive of suicidal ideation (e.g., Lynch et al., 2004; Orbach et al., 2007). Studies examining suicide attempts have produced more ambiguous results. One way to clarify the nature of this relationship is to consider the construct of emotion dysregulation through an examination of specific subcomponents. In this study, we examined two specific components of emotion dysregulation – negative urgency and distress tolerance – and their relationships to all three components of the IPT, thereby providing clarity for an otherwise poorly understood relationship. Results indicated that emotionally dysregulated individuals – those with low distress tolerance and high negative urgency – exhibited higher levels of suicidal desire, as indexed by perceived burdensomeness and thwarted belongingness. In contrast, emotionally dysregulated individuals exhibited lower levels of the acquired capability for suicide and physiological pain tolerance. As such, a complicated but theoretically cogent picture emerged indicating that, although emotion dysregulation may drastically increase the likelihood of suicidal desire, it simultaneously serves as a form of protection against lethal self-harm.

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Suicide is a substantial public health concern, with more than 32,000 individuals dying by suicide annually within the United States (Centers for Disease Control and Prevention, 2004). In recent years, the interpersonal-psychological theory of suicidal behavior (IPT; Joiner, 2005) has been subjected to a number of rigorous investigations and has shown to be a promising lens through which to understand suicide and, as such, could serve as a strong foundation upon which to base prevention and treatment efforts. The hallmark feature of the IPT is its distinction between those who *desire* death by suicide and those who have the *capability* to enact lethal self-harm. In other words, the theory posits that most individuals who wish to die by suicide are not actually able to engage in a lethal attempt and the majority of individuals who are most capable of engaging in a lethal attempt have no desire to do so. Thus, severe risk for suicide completion involves heightened levels of both desire and capability.

According to the IPT, the desire for suicide is characterized by two specific cognitive distortions: thwarted belongingness and perceived burdensomeness. Thwarted belongingness involves a sense on the part of the individual that he or she lacks meaningful connections to others, either because of a belief that nobody cares or a sense that, although others care, they cannot relate to the individual's current situation (e.g., soldiers reintegrating into civilian life post-combat deployment). Perceived burdensomeness involves a sense on the part of an individual that he or she makes no meaningful contributions to the world, serving instead as a liability to others. Early empirical work examining these variables has supported their utility in predicting suicidal desire, with multiple studies demonstrating that the two-way interaction of perceived burdensomeness and thwarted belongingness predicts a distinct but highly related construct: suicidal ideation (Joiner et al., 2009; Van Orden et al., 2008). Importantly, suicidal ideation and desire are not considered to be identical, as, to our knowledge, the degree to which an individual wishes to die by suicide has not been empirically demonstrated to directly correspond to the frequency with which that individual thinks about suicide.

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Constructs that conceptually overlap with perceived burdensomeness and thwarted belongingness have also been associated with increased risk for suicidal ideation. Depression, for instance, has been shown in a number of studies to be associated with suicidal ideation (e.g., Bostwick and Pankratz, 2000). The diagnostic criteria for depression include a sense of diminished self-worth, which parallels perceived burdensomeness. Additionally, depression has been associated with increased social isolation (e.g., Coyne, 1976), which conceptually mirrors thwarted belongingness. Similarly, hopelessness has been shown in a number of studies to be associated with increased suicidal desire (e.g., Abramson et al., 1989) and Van Orden et al. (2010) proposed that hopelessness about one's burdensomeness and belongingness might amplify the impact of the latter two variables on the degree of suicidal desire. Despite the overlap between depression, hopelessness, burdensomeness, and belongingness, the IPTS components have demonstrated incremental validity in studies controlling for depression and hopelessness in the prediction of suicidal ideation (e.g., Joiner et al., 2009; Van Orden et al., 2008).

The third component of the IPTS – the acquired capability for suicide – is what truly distinguishes the theory from other conceptualizations of suicidal behavior. Joiner (2005) argues that, in order to enact lethal self-harm, an individual must acquire the capability to do so through repeated exposure to painful and provocative experiences. Such repeated exposures result in habituation to physiological pain and a diminished fear of death, thereby enabling an individual to follow through with the inherently frightening and painful experience of a suicide attempt with a high rate of lethality. In support of this perspective, Nock and Prinstein (2005) reported that individuals who engage in frequent non-suicidal self-injury (NSSI) report pain analgesia during self-injury episodes. Orbach et al. (1996) reported that individuals admitted to an emergency room due to a suicide attempt exhibited a higher physiological pain tolerance than did individuals admitted to the same emergency room due to accidental injury, and Orbach et al. (1997) reported that individuals with two or more past suicide attempts exhibit a higher pain tolerance than do individuals with zero or one suicide attempt. Additionally, in a direct measurement of the construct, Van Orden et al. (2008) reported that the acquired capability for suicide predicted individuals' past number of suicide attempts.

In the most stringent test of the theory to date, Joiner et al. (2009) reported that the three-way interaction of all three IPTS components predicted clinician-rated suicide risk, with elevations in all three variables conferring the greatest level of vulnerability, consistent with the IPTS. Early research on the IPTS thus appears compelling; however, empirical investigations of the IPTS would benefit from considering the role of other factors that may influence motivation for suicide.

One area thus far left unstudied with respect to the IPTS is emotion dysregulation. Gratz and Roemer (2004), through an extensive review of the literature on emotion regulation, developed a multi-dimensional conceptualization of emotion regulation based on the idea that emotions are functional. According to this conceptualization, emotion dysregulation is comprised of four distinct, but related, facets: (1) lack of awareness, understanding, and acceptance of emotional experiences, (2) lack of access to adaptive means for altering the intensity and/or duration of an affective experience, (3) an unwillingness to experience emotional distress as part of pursuing goals and, (4) an inability to persist in goal-directed behaviors when upset. Thus, this conceptualization distinguishes emotion dysregulation from a temperamental emotional vulnerability (e.g., being emotionally intense/reactive), focusing instead on the ways in which individuals respond to and/or relate to their emotions rather than the quality of the emotions themselves.

A number of psychiatric diagnoses characterized by difficulties regulating emotions are also characterized by highly elevated suicide rates (e.g., borderline personality disorder; Paris and Zweig-Frank, 2001). The bulk of the work examining the role of emotion dysregulation in suicidality has focused on suicidal ideation rather than behavior, with a number of studies reporting that emotion dysregulation is predictive of suicidal ideation (e.g., Lynch et al., 2004; Orbach et al., 2007).

Studies examining suicide attempts have produced more ambiguous results. For instance, Selby et al. (2009) found that, although suicide attempts were correlated with catastrophizing, conceptualized as a cognitive component of emotion dysregulation (Garnefski et al., 2001), they were not correlated with other measures of emotion dysregulation (e.g., anger rumination, general rumination, and brooding). Similarly, in a sample of depressed children, Tamas et al. (2007) found that suicide attempters did not exhibit lower levels of adaptive emotion regulation or greater levels of maladaptive emotion regulation than did individuals with only recurrent thoughts of death, individuals with only suicidal ideation, or individuals with ideation and plans but no attempts. In contrast, Zlotnick, Donaldson, Spirito, and Pearlstein (1997) examined a sample of adolescent inpatient psychiatric patients and reported that lifetime number of suicide attempts was significantly associated with emotion dysregulation; however, emotion dysregulation did not predict whether a participant had been admitted to the inpatient unit due to severe suicidal ideation or a suicide attempt. These studies consistently demonstrated a robust relationship between emotion dysregulation and suicidal desire, but the nature of the relationship between emotion dysregulation and suicide attempts was less clear.

One way to clarify the nature of this relationship is to consider the construct of emotion dysregulation through an examination of specific subcomponents. Two components of emotion dysregulation frequently associated with a host of negative outcomes are distress tolerance (defined as the capacity to experience, accept, and function in the context of negative psychological states; Simons and Gaher, 2005) and negative urgency (defined as the degree to which an individual exhibits a tendency to act rashly in the context of or in an effort to reduce negative affective sensations; Cyders and Smith, 2007; Whiteside and Lynam, 2001). These variables overlap with multiple facets of Gratz and Roemer's model of emotion dysregulation discussed above, such as emotional nonacceptance and an unwillingness to experience negative emotions in the pursuit of goal-directed behavior (see also Gratz et al., 2007). No research directly examining negative urgency and distress tolerance and their relationships with suicidal behavior or ideation have been conducted to our knowledge; however, research on distress tolerance and negative urgency has yielded results indicating that these variables are significantly correlated with outcomes previously demonstrated to be salient predictors of suicide risk.

Individuals low in distress tolerance have been shown to exhibit greater levels of a number of problematic outcomes, including NSSI, binge eating and purging, and an inability to sustain abstinence from substances (Anestis et al., 2009; Daughters et al., 2005; Nock and Mendes, 2008). Similarly, high levels of negative urgency have been linked to a number of problematic behavioral outcomes, including aggression, marijuana use, alcohol use, substance use disorders, binge eating and purging, and excessive reassurance seeking (Anestis et al., 2007a, b; Fischer et al., 2003; Miller et al., 2003; Lynam and Miller, 2004; Verdejo-Garcia et al., 2007). Given the tendency for individuals with low distress tolerance or high levels of negative urgency to engage in such harmful behaviors, it remains plausible that those same individuals would be at an increased risk of considering suicide as one potential method through which to find relief from aversive affective experiences.

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